AF/1600

Patent Attorney's Docket No. <u>032360-009</u>

OIFE	Attorney's Docket No. <u>032360-009</u>			
APR 0 2 2002 (S) IN THE UNITED STATES PATEN	UNITED STATES PATENT AND TRADEMARK OFFICE RECEIVED			
IN THE UNITED STATES PATEN  RAME Patent Application of  Konichi TSUU et al	) BOX AF	APR 0 5 2002		
Kouichi TSUJI et al.	) Group Art Unit: 1642	<b>TECH CENTER 1600/290</b>		
Application Serial No.: 09/350,899	) Examiner: K. Canella			
Filed: July 12, 1999	) )			
For: HUMAN LUNG ADENOCARCINOMA- RELATED MONOCLONAL ANTIBODY AND ANTIGEN AND IMMUNOASSAY METHOD WHICH USES THE SAME	, ) ) ) )			

## REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Encl	osed is a Reply for the above-identified patent application.
[]	A Petition for Extension of Time is also enclosed.
[]	A Terminal Disclaimer and a check for [ ] \$55.00 (248) [ ] \$110.00 (148) to cover the requisite Government fee are also enclosed.
[]	Also enclosed is
[]	Small entity status is hereby claimed.
[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).
	[ ] Applicant(s) previously submitted, on, for which continued examination is requested.
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a)

[X] No additional claim fee is required.

An additional claim fee is required, and is calculated as shown below: []

1. .

	No. OF CLAIMS	Highest No. Of Claims Previously Paid for	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	2	MINUS 20 =	0	× \$18.00 (103) =	-0-
Independent Claims	2	MINUS 3 =	0	× \$84.00 (102) =	-0-
If Amendment adds mu	ıltiple depende	ent claims, add \$280	.00 (104)		
Total Amendment Fee				-0-	
If small entity status is	claimed, subt	ract 50% of Total A	mendment Fe	e	
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					-0-

[ ]	A claim fee in the	e amount of \$	is enclosed.
r 1	Charge \$	to Deposit Account N	No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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Registration No. 50,723

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Date: April 2, 2002